|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **RFS No:** |  |
| **To:** |  |  | *(RFS No. To be completed by Consultant)* |
| **Copies:** |  | **Issue Date:** |  |
|  |  |  |  |

**Product, Material or Equipment Required of the Contract Documents:**

Specification Section: Drawing No./Detail:

Description:

**Requested Substitute Product, Material or Equipment:**

Description:

Attachments Included: [ ]  Drawings [ ]  Product Data [ ]  Samples [ ]  Test Reports

 [ ]  Other:

Reason for Substitution:

Expected Lifespan: Warranty Duration

Maintenance Regime:

Has this item been used in a similar application? [ ]  Yes [ ]  No

Describe Application:

Describe Results:

Owner Contact and Location:

**Comparisons of the Specified Item and the Proposed Substitution:**

Compare significant qualities of size, weight, durability, performance and visual effect:

Describe any changes required in other elements of the Work to accommodate the proposed substitution, including work performed by the Owner and separate contractors:

What effect will the proposed substitution have on the work schedule in comparison to the work schedule without approval of the proposed substitution?

Cost comparison of the proposed substitution to the originally specified item, including correlating modifications required to other work:

Net cost to the Owner:

Changes in contract time:

**Signatures:**

Permission to make any substitution after award of contract shall be effected by Change Order. It shall not relieve the Contractor, any subcontractor, or manufacturer, fabricator, or supplier from the responsibility for any deficiency that may exist in the substituted product or any departures or deviations from the Contract Documents as modified by such Change Order.

Except as otherwise expressly specified by the Contractor in the Request for Substitution and expressly approved in such Change Order, the Contractor shall be deemed to warrant, by his request, that the proposed substitute will satisfy all standards and requirements satisfied by the original product, material or equipment specified and the Change Order shall not be deemed to modify the Contract Documents with respect thereto.

If any substitution will affect a correlated function, adjacent construction, or the work of other trades or contractors, the necessary changes and modifications to the affected work shall be considered as an essential part of the proposed substitution, to be accomplished by the Contractor without additional time or expense to the Owner if and when accepted.

Contractor's Signature: Date:

**Consultants’ Action:**

Consultant's Name:

Consultant's Signature: Date:

[ ]  Accepted [ ]  Rejected [ ]  More information required.

Comments:

Consultant's Name:

Consultant's Signature: Date:

[ ]  Accepted [ ]  Rejected [ ]  More information required.

Comments:

Consultant's Name:

Consultant's Signature: Date:

[ ]  Accepted [ ]  Rejected [ ]  More information required.

Comments:

Consultant's Name:

Consultant's Signature: Date:

[ ]  Accepted [ ]  Rejected [ ]  More information required.

Comments:

Consultant's Name:

Consultant's Signature: Date:

[ ]  Accepted [ ]  Rejected [ ]  More information required.

Comments:

**End of Document 00 63 25.**